Birth Certificate

Name on	birth record:
Date of Bi	rth:
	/ copies?
Parents N	ames (with mother's maiden):
Applicant	Name:
Applicant	Address:
Phone#_	
	our Relationship to the person on
requested	record below:
	Self
	Spouse
	Registered Domestic Partner
	Parent
	Guardian
	Descendant
	Attorney of person on record
	Genealogist ID #
	low, I swear/affirm that the information above is
true and corre	
Applicant	Signature:
Today's D	oto:

COST:

\$15 for 1st copy, \$6 for each additional copy

PLEASE PROVIDE THE FOLLOWING

- 1. Photocopy of photo ID
- 2. A self-addressed stamped envelope.
- 3. Make check or money order payable to the <u>TOWN OF HARPSWELL</u>
 4. Mail to: Town Clerk
- P.O. Box 39, Harpswell, ME 04079

FOR TOWN CLERK'S USE ONLY

Proof of identity of applicant:		
Applicant must provide one of these;		
· O	Driver's License	
	Passport	
	Government issued picture I.D.	
OR two of these:		
	Utility bills	
	Bank statements	
	Vehicle registration	
	Income tax return	
. 0	Personal Check w/ address	
	A previously issued vital record	
	Letter from government agency requesting	
	record (DHHS, WIC)	
	Department of Corrections I.D. card	
	Social Security Card	
	DD 214	
	Hospital; birth worksheet	
	License/rental agreement	
	Pay stub	
	W-2	
	Voter Registration card	
	Disability award from SSA	
	Other	
Establishing eligibility to acquire record:		
	Related applicants must provide proof of	
	lineage.	
	Domestic Partners must provide proof of	
	registration of domestic partnership	
	Attorneys must provide a signed, notarized	
	release from family	
	Genealogists must provide a state-issued	
	card	